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APPLICATION NO.	FILING DATE		FIRST NAMED INVEN)R A		NEY DOCKET NO.	CONFIRMATION NO.	
10/551,839	06/20/2006	Akiyasu Nozue	kiyasu Nozue 080306.56872US 4231 MACHINE AND METHOD OF MEASURING BACKLASH IN THE						
TITLE OF INVENTION MECHANISM	: ROTATION MECH.	ANISM FOR CONSTR	OCTION MACHINE	ANI	METHOD OF I	MEASU	RING BACKLASH	IN THE	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	UE	PREV. PAID ISSUE	FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1510	\$300		\$0		\$1810	10/12/2010	
EXAMI	INER	ART UNIT	CLASS-SUBCLASS						
DIAZ, THOMAS C		3656	074-431000						
1. Change of corresponde CFR 1.363). Change of corresponderess form PTO/SB	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a								
"Fee Address" indie PTO/SB/47; Rev 03-02 Number is required.	(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.								
		A TO BE PRINTED ON							
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.									
(A) NAME OF ASSIG	(B) RESIDENCE: (CITY and STATE OR COUNTRY)								
Hitachi Construction Machinery Co., Ltd.			Tokyo, Japan						
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🚨 Corporation or other private group entity 🔲 Government									
4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)								hown above)	
Issue Fee		A check is enclosed.							
Publication Fee (No	Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any.								
Advance Order - # of Copies 5 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 25-732 (enclose an extra copy of this form).									
5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).									
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Authorized Signature Date October 8, 2010									
Typed or printed name James F. McKeown			Registration No. 25,406						
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